

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						Feeder Rpt. DDS/OL/BFB-1	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
PROGRAM CALL						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify) Budgetary	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
(3) Three		Annually		Ch/Planning S, OL B&F/OL, LSD/OL			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Logistics format		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO. LN 30-17 (Financial Admin.)			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
O/Chief, ADS, SM&FB, BSB, Tel, M&C, Moter Pool, Dining Room							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
See Attached Sheet							
B. COSTS OF COMPUTER PRODUCED REPORTS							
242				TOTAL COSTS PER YEAR		\$1532.74	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Request for submission of budgetary data and long range plans by							
OL components.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
9 October 70		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100130008-5 Reports Officer, LSD/OL					

PROGRAM CALL

OFFICE & GRADE	HOURLY RATE	HOURS PER REPORT	TOTAL
<u>OC/LSD</u>			
✓ 14.6	11.02	32	
✓ 12.5	7.73	32	<u>\$600.00</u>
<u>LSD/MPB</u>			
✓ 8.8	5.30	36	
✓ 11.7	6.87	6	
✓ 4.1	2.81	6	<u>\$248.80</u>
<u>LSD/M&CB</u>			
✓ 11.6	6.68	6	
✓ 4.1	2.81	4	<u>\$ 51.32</u>
<u>LSD/BSB</u>			
✓ 7.4	4.54	12	
✓ 9.4	5.23	4	
✓ 4.1	2.81	6	<u>\$ 92.26</u>
<u>LSD/SM&FB</u>			
✓ 9.5	5.38	40	
✓ 13.5	9.13	8	
5.1	3.15	16	<u>\$320.38</u>
<u>LSD/TFB</u>			
✓ 11.8	7.06	20	
✓ 13.5	9.13	6	
✓ 4.3	3.00	8	<u>\$219.98</u>
		<u>242</u>	<u>\$1,532.74</u>